

**Mississippi Department of Human Services  
Child Abuse/Neglect (CA/N) Common Central Registry Application**

**To be completed by requesting Agency/Organization**

Official Name of Requesting Agency / Organization & License #:	NH DHHS Child Care Licensing Unit		
Requesting Agency/Org Mailing Address:	129 Pleasant Street		
Requestor's Name:	Mychelle Brown		
Mailing Address:	Same as Above	Fax	603-271-4782
City:	Concord	State	NH Zip Code 03301
Phone:	603-271-9025	Email:	CCLUnit@dhhs.nh.gov
Requestor's Signature:	Mychelle Brown		Date:

**Check all That Apply**

- ☐ MSA Foster/Adoption Agency
- ☐ Out of State/International Foster/Adoption
- ☐ MS Residential Child Care Facility
- ☐ Mental Health Facility/MH Residential Services
- ☐ MS Non Licensed Child Care
- ☐ MS Mentoring Program
- ☐ MS School District
- ☐ Out of State School District
- ☐ MS Community/Human Resource Agency
- ☐ MS Health Care/Nursing Home/Hospital
- ☐ MS Youth Court/Non Violent Shelters
- ☐ Law Enforcement/Youth Challenge

**To be completed by person being cleared**

The Applicant's name & identifying information will provide unsupervised care and supervision of children as an:

- ☒ Employee      ☐ Foster Resource Parent      ☐ Adoption Resource Parent  
☐ Relative Resource      ☐ Volunteer/Internship      ☐ Other (Please Specify) \_\_\_\_\_

This person's job/role is or will be: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
List alias, maiden, & prior married names

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Male ☐ Female ☐

**(Requesting Agency should verify by viewing the applicant's Drivers License and Social Security card)**

Phone Number(s) where applicant can be reached \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

By signing this form, I give the above named agency/organization permission to request a MDHS Child Abuse/Neglect Central Registry background check. I understand, that this information will be used to determine my suitability in working with children and/or to be a foster/adoption resource for children. This information **will not be** re-disseminated to other persons or used for other purposes.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by MDHS/DFCS Protection Unit State Office Central Registry Staff**

A search of the Mississippi Child Abuse/Neglect Central Registry has been completed. MDHS releases only that information which is necessary to discover or prevent child abuse or neglect.

- ☐ No Felony Information Found      ☐ Felony Information Found      ☐ MDHS Licensure Policy Violation Found  
☐ Substantiated Report Type:      ☐ Physical Abuse      ☐ Neglect      ☐ Sexual Abuse      ☐ Mental Abuse/Neglect

Substantiated Report Dates: \_\_\_\_\_

Signature  
Stamp: